

# Narratives of Supervision

By Amanda Redstone & Mark Hayward

## Amanda's bit:

February 1997.

Narrative ideas have been following me around since I saw Michael White in Doncaster in 1996 which coincided with the ending of the University of Exeter Diploma in Family Therapy. I have started to try and invite these ideas into my work in a G.P. practice -sometimes they feel available, sometimes elusive. I am going to join Mark Hayward for a family therapy clinic at the Child and Family Centre in Plymouth. This clinic will fulfil the criteria for the supervised practice needed for me to register as a family therapist and Mark and I have agreed to work with narrative ideas. I wonder if confidence will be my ally or if self doubt will undermine me. I need to remember Michael Whites proposition that clinical practices are generated in the to and fro of the interaction between therapist and client. For me part of that to and fro is being clear that the direction the conversation is going in is helpful to the client. The supervisor/supervisee position will be similar - we both need to be attentive to feedback and what is helpful.

April 7<sup>th</sup> 1997.

At last we are working. As peer supervisor to Mark who only a year ago was a tutor I am aware of all the ideas I have constructed around hierarchy. I feel I am a beginner both with the ideas and the supervisory practices but Mark puts me into the expert role which seems to limit the possibilities of learning, we must talk about this. It reminds me that I have always been uncomfortable with the *expert* role so perhaps I could have prophesied that I would be most attracted to ideas based on responsibility and equality.

April 14<sup>th</sup> 1997.

Some ideas come into my practice like old friends instantly recognisable and comfortable. Talking with people about the ideas that have influenced the way they think about themselves and thinking about the history and construction of these ideas is exciting and challenging but externalisation is less available. I wonder if this is a gendered process. Mark seems more interested in externalisation and wants to take on new ideas like bullets to his belt. I want to internalise these ideas so that they become part of the way I think about life

May 21<sup>st</sup> 1997.

Another new beginning co running a training clinic with Mark. How will narrative ideas influence this experience? Will I be my preferred self or will I be undermined by self doubt. I realise I need to stay true to my own definition of self as apprentice/trainee clinical supervisor. Mark is respectful of my views and initially shapes the format. The clinic allows me to be both trainee and trainer. The four women trainees have a wealth of both life and professional experience and a richness of style. We deal with all the elements that seem to enter the hie of a trainee: trepidation, self doubt, disappointment, excitement, helplessness, achievement (this list has a life of it own and every trainee might construct a different one) Humour is a great ally.

As supervisor, I get drawn back in time to my own training, my supervisor and tutor are frequently "on my shoulder" - their helpfulness still available to me through time.

July/August/September 1997.

Our clinical work continues. It often feels like a struggle to have different kinds of conversations with

families where "blame and shame" are taken out of the equation. Our culture seems to be one of subjugation, with people feeling constrained by society's view of them and identifying with the labels they have been given. We stay committed to working with narrative ideas. I supervise Mark doing some exciting work with a family - helping a small boy (referred for overwhelming anxiety and school phobia) to grow confidence. This family are very receptive to externalising the problem and eager to be part of the support team that will help him train for his new life as "a boy who has grown confidence". The whole family enjoy the sessions as we measure confidence growing and anxiety shrinking. The parents are also keen to talk about the influence of anxiety in their own lives and both feel that seeing their son shrink from his anxiety had put ideas into their heads about doing the same.

December 1997 - March 1998.

The training clinic ends and there has been much learning for all.

Mark and I focus on the next cohort. Are there ways of running the clinic that are more reflective of the narrative ideas? Is feeling deskilled a necessary part of the clinical training or can we find ways of respecting trainees' current skills/experience and help them build a bridge to new ideas/experience/skills. We talk about the influence of our own ideas on the clinic and I reflect how differently I feel about myself as a supervisor. Self-doubt doesn't get much of a look in at the moment as there are many conversations I am looking forward to having with the trainees but when it does sneak in it reminds me of my old story and my journey towards the new one. This sits comfortably with my ideas about life and teaching and therapy, they are part of the same world.

June 1998.

Reading Mark's draft of the diary I realise that I was less paralysed by finding myself in the trainee position again which is no surprise as I had only just moved out of it. That I am about to start teaching narrative ideas is a surprise but a welcome one - unfortunately a flashy shirt will not be the answer for me.

## **Mark's bit:**

Feb 1 1997

It's the first time Amanda has supervised me and I'm aware of my nervousness. In principle, I'm providing the year's supervision for her that is a requirement before she can register as a family therapist. In practice we have agreed to try and develop a narrative practice and she started a while ago so I may be on a steeper part of the learning curve.

March 3 1997

Amanda and I have done some reading and cannot understand the relationship between Foucault's ideas about subjugation and the panopticon. We spend the better part of the afternoon reading together, writing ideas on the whiteboard and debating the issues but the connection is elusive. And then "Eureka!", we think we have it! Surely it'll be easier now.

April 7 1997

Right, I'm going to do narrative therapy this afternoon. I've read Michael White, understand Foucault, practised my postmodern style, what else could there be?

Well, there's the creeping paralysis when you know that you shouldn't do what you're used to doing but haven't a single idea of what else to do. In my mind I'm a trainee back at the Tavistock Centre. David Campbell and the other trainees are watching me interview a Jewish family and my incompetence and idea-lessness leave me with only banalities to mutter and a preoccupation with

what they must be saying about me behind the screen.

It doesn't help when Amanda comes in, deftly makes a sympathetic connection with the child's mother, suggests some externalisations and leaves me to it once again. Wasn't I meant to be the supervisor?

April 14 1997

Is it just the therapist role that's incapacitating or is it just that I'm incompetent? I'm not even allowed to get away with this as Amanda insists that any incompetence has got a grip on me rather than being a part of me. I remind myself that Amanda started down a narrative path a year before me and try to calculate how long, at the current rate, it'll take me to learn anything new. This is too depressing so I - er - entertain misery.

May 21 1997

Today we're running a training clinic together - the first of eighteen for the University of Plymouth Diploma in Family Therapy. How can I teach when I can't learn? And what are we going to teach? Post-Milan? Narrative? Whatever comes to mind? Amanda's very respectful of my experience in this setting so I retrieve some self-confidence.

June 5 1997

Determined to ask some externalising questions during an interview I lob a couple in, quite out of context, and I'm met with puzzled looks by the family. "Mrs Smith, you think you're puzzled by this?" I want to say. In the afternoon it's a training clinic again and I do a competent Milan-ish interview that one of the trainees describes as "awesome". I try to look nonchalant. Do I really want to change my practice?

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August 19 1997

Seeing a family late, I persist with some externalisations and deconstruct some of the mother's experiences. She becomes more animated, her husband listens closely, and she begins to have a realisation about an idea she took on as a girl that has meant that guilt has consistently got in the way of her life. "I'm going to kick guilt out of my life" she exclaims suddenly. I feel sure that it was persistence with externalisations - even when you get funny looks - that helped here. So is this it? Am I a narrative therapist now?

February 20 1998

Another year, another group of trainees.

Trying to teach circular questioning to this year's trainees I stumble and can only think of questions that reveal my interest in autobiographies. My previous identity as a Milan therapist slips away; narrative ideas have taken up residence.

April 15 1998

Amanda and I begin this year's training clinics and new dilemmas emerge. Should we "confess" to our preoccupation with narrative ideas? Are we able to teach a non-narrative approach if a trainee wants this?

June 24 1998

Reading Amanda's draft of this diary I realise how constraining it can be when you endow someone with expertise. At the same time I appreciate how trainees "give" me this even when I don't want it. Perhaps the attribution of expertise to others is a way of defining the context to support learning. (It can be hard to learn from people who's skill is less clearly accepted by you.) I decide to try and view this phenomenon as marking a point on the learning curve. Yesterday Amanda was a expert, tomorrow she'll be a peer colleague, today I'm in transition. In the meantime we've attracted several invitations to teach narrative approaches, so I go to my wardrobe to look for a Michael White style shirt - I'm sure this is his secret.